

Center for Medicaid and State Operations  
Disabled and Elderly Health Programs Group  
Division of Integrated Health Systems

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Bob Sharpe  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, Florida 32308

Dear Mr. Sharpe:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Florida's request for a 2 year continuation of its Specialized Intermediate Care Facility for the Developmentally Disabled (ICF/DD) program authorized under Section 1915(b)(4) of the Social Security Act (the Act). Although a 1915(c) program continues to operate concurrently with this 1915(b)(4) program, each is considered an independent program that exists on its own merit.

This approval provides for a waiver of sections 1902(a)(10)(B) and 1902(a)(23) of the Act regarding Comparability of Services and Freedom of Choice of Providers. This program enables Florida to continue to provide placement in Specialized Intermediate Care Facilities for individuals who meet the State's ICF/DD definition of limited or minimal level of need (LON 1, 2). The decision to approve this waiver renewal is based on evidence submitted to CMS demonstrating that the State's proposal is consistent with the purposes of the Medicaid program, meets the applicable statutory and regulatory requirements for assuring beneficiaries' access to care and quality of services, and will be a cost-effective means of providing services to Florida Medicaid recipients with developmental disabilities.

This waiver renewal will be effective for the 2 year period beginning August 24, 2002, through August 23, 2004. Florida may request that this authority be renewed for another two years at the end of this renewal time period. If the State decides to request an additional renewal of this program, the renewal application must be submitted at least 90 days prior to the expiration date of this waiver.

Please note that the waiver renewal approval is contingent on the following conditions:

1) Independent Assessment

- a) The State must arrange for an independent assessment of the 1915(b) waiver program with respect to access to care, quality of services, and cost effectiveness. This independent assessment must be submitted no later than three months before the expiration of this waiver authority. The document should be a detailed, comprehensive assessment of the waiver program to cover the 2 year renewal period.
- b) Further, since an independent assessment was not submitted with the current renewal application, please include in the upcoming independent assessment, background and a summary of waiver activity for the initial waiver period. Toward this end, we request that the State share the planning document for the assessment with us prior to the start of the review, but no later than 12 months after the start of the waiver renewal period.

2) Data Collection and Monitoring Activity

- a) The State will follow all plans and procedures for monitoring this waiver as outlined in the waiver renewal application. The State will collect data to identify the number and location of all individuals enrolled in this waiver. In addition, the State will collect data on the number of individuals who express interest in this waiver and, if applicable, their reasons for not enrolling in the program. The State will implement a beneficiary survey tool in order to accurately capture this data. Within 60 days of this renewal, the State agrees to provide initial data to the Atlanta Regional Office. Data reports will be submitted to the Atlanta Regional Office on a semi-annual basis.
- b) Within 60 days after the implementation of this waiver renewal, the State will submit a schedule of monitoring activities and reports specified in the 1915(b)(4) preprint related to Access to Care and Quality of Services. The State will specifically include its plan for reaching Medicaid recipients and describing the services offered under this waiver. The State shall provide CMS copies of all monitoring reports at least semi-annually.

- c) The State agrees that it will continue to comply with all Federal statutes and regulations relating to the procurement of contracted ICF/DD facilities. The State assures that providers will continue to be selected based on criteria that are consistent with access, quality, and the efficient and economic provision of covered care and services, as long as such restriction does not discriminate among classes of providers on grounds unrelated to their demonstrated effectiveness and efficiency in providing those services. The CMS reserves the right to enforce the Invitation to Negotiate process as outlined in the waiver document and in accordance with State procurement rules and regulations.
- d) The State may elect to develop a Model Contract for review and approval to be used as a template for future contracts. If the State chooses to develop a model contract, it must be approved by the Atlanta Regional Office (RO) prior to the execution of any contract. Approval of the model contract does not constitute approval of individual provider contracts. The State shall submit a copy of each individual contract to the RO and the RO shall approve all contracts that do not deviate from the model contract. To the extent that a contract significantly deviates from the model, the State will submit it in advance for review and approval.

We appreciate the State's efforts in continuing to offer this program to provide for accessible, quality, and cost-effective health services for Medicaid recipients. If you have any questions regarding this waiver renewal approval, please contact Maria Reed in the CMS Central Office at (410) 786-2255 or Ronald Reed in the Atlanta Regional Office at (404) 562-7429.

Sincerely,

/s/

Theresa A. Pratt  
Director

cc:

Ronald Reed, Atlanta Regional Office  
Eugene Grasser, ARA, Atlanta Regional Office  
Lillian Spuria, Office of Management and Budget